

Panic Disorder— a National Problem, a Federal Response

More than 3 million Americans suffer from a disabling disorder that most people have never heard of. This ignorance of panic disorder is a formidable barrier to treatment of it. To disseminate information about panic disorder and about treatments that can prevent further suffering of those affected, the National Institute of Mental Health, an agency of the Public Health Service, has launched a nationwide information campaign.

Panic Disorder—A Great Imposter

In panic disorder, episodes of extreme fear accompanied by multiple physical symptoms occur repeatedly and unexpectedly in the absence of any real threat. These episodes are called panic attacks, and they are a terrifying experience. A person may be walking along the street, watching a movie, or even making a conscious effort to relax, and in the next few minutes he or she is stricken with a barrage of distressing symptoms that may include a sense of terror as well as some or all of the following:

- racing or pounding heartbeat,
- chest pains,
- dizziness, lightheadedness, nausea,
- difficulty in breathing,
- tingling or numbness in the hands,
- flushes or chills,
- dreamlike sensations or perceptual distortions,
- fear of losing control and doing something embarrassing,
- fear of dying (1).

Because a panic attack is accompanied by such striking physical symptoms, it easily can be mistaken for a life-threatening medical illness such as a heart attack or a stroke. Also, some of the symptoms are suggestive of serious respiratory or gastrointestinal illness.

Thus it is not surprising that people with panic disorder often turn first to the hospital emergency room for help. A recent study showed that 28 percent of people with panic disorder had done this. (2) It is surprising, however, that so many

physicians apparently fail to recognize panic disorder. We have no firm data on this point, but mental health clinicians in charge of anxiety disorder clinics tell us that most incoming patients have seen as many as 10 physicians before learning they have panic disorder.

This lack of recognition is not good for the medical system, and it can be disastrous for the patients. Often they are suffering not only from the panic attacks themselves, but from an almost incapacitating fear of further attacks. Some are afraid to drive an automobile, take public transportation, or use elevators. Some are housebound. In effect, they are disabled—just as surely as if they had severe arthritis or some other crippling physical illness.

When a patient who is suffering this way is told by a physician “Don’t worry, your tests were negative. There is nothing wrong with you,” the effect can be devastating. The patient feels something is terribly wrong, yet the physician has given the impression that the problem is not real; it is not worthy of attention or treatment. Thus the patient often does not seek or benefit from the effective treatments that now exist.

Panic Disorder is Highly Treatable

Thanks to ongoing scientific research, there is help for people with panic disorder. From 70 to 90 percent of panic disorder patients can obtain significant relief through currently available treatments. These include treatment with tricyclic antidepressant drugs such as imipramine, monoamine oxidase inhibitors such as phenelzine and high-potency benzodiazepines such as alprazolam. Psychotherapy aimed specifically at panic attacks and the fear-motivated behaviors that occur in panic disorder is also helpful. In particular, a form of treatment called cognitive-behavioral therapy is showing excellent results.

In late September 1991, a Consensus Development Conference on the Treatment of Panic Disorder was held at the National Institutes of Health (NIH). The conference was sponsored by the Na-

tional Institute of Mental Health and the Office of Medical Applications of Research at NIH. The consensus panel found that all of the treatment modalities previously mentioned are effective against panic disorder. Beneficial effects should be evident within 6 to 8 weeks of the initiation of treatment, panel members declared. If no improvement is noted in this time, another modality should be considered. The panel called for more research on panic disorder. It also recommended "an aggressive educational campaign" for "clinicians, patients and their families, the media, and the general public" (3). NIMH is responding to these recommendations.

Prevention and Public Education Program

At a November 13, 1991, press conference, NIMH formally announced a prevention and public education campaign to increase the likelihood that people with panic disorder will be properly diagnosed and treated.

The primary emphasis of the campaign will be on communicating a series of very simple messages that encapsulate key points about panic disorder. Some of these messages are

- Panic attacks are common, and panic disorder is a real illness, causing great disability and suffering.
- A panic attack is not just feeling anxious, tense, or very nervous. It can be terrifying. In some people, their heart is beating so fast and they feel so bad that they believe they are going to die.
- Because of these medical symptoms, panic disorder is often confused with other health conditions such as heart attacks.
- Effective treatments are available, and even the most severe forms of panic disorder usually respond to treatment in a short time.
- Many people with panic disorder do not receive the specific treatment they need.
- Panic disorder can develop early in life and last a lifetime. Without proper treatment, people who have panic disorder are at risk of losing mates, friends, and jobs.

These messages will be disseminated to the general public, people with panic disorder and their families, physicians, mental health professionals, and businesses. A particular focus will be on educating primary care and emergency room professionals because they are so often the first point of contact for people with panic disorder.

We at the National Institute of Mental Health will be developing information materials for each group that will include printed publications, audio-visual materials such as public service announcements, and materials for members of the mass media. We are cooperating with the Anxiety Disorders Association of America and other voluntary and professional organizations to increase the likelihood that local groups will use our materials and help to distribute them. These Community Partners, as we call them, will be essential to the success of the campaign.

We are hopeful that this campaign will do a great deal to reduce the suffering and economic costs associated with panic disorder. Through it, we are doing one of the most important things members of a scientific institute can do—get research results to the people who need them. In the case of panic disorder, the need is enormous. We must take this opportunity to help those with panic disorder by informing them and the American people at large that this condition is highly treatable.

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References.....

1. Diagnostic and statistical manual of mental disorders. Ed. 3 (revised). American Psychiatric Association, Washington, DC, 1987, p. 238.
2. Markowitz, J. S., et al.: Quality of life in panic disorder. *Arch Gen Psychiatry* 46: 964-992, November 1989.
3. Consensus development conference statement on treatment of panic disorder. National Institutes of Health, Bethesda, MD, Sept. 25-27, 1991. In press.